

KING COUNTY ALCOHOLISM AND SUBSTANCE ABUSE

ADMINISTRATIVE BOARD

BOARD PLANNING RETREAT

WEDNESDAY, MAY 8, 2003

KCASAAB Members Present: Linda Brown, Joan Clement, Nancy Code, Pam Detrick, Roger Goodman, Jim Harbaugh, Kim Murillo, Bob Seidensticker, Yasmin Smith

KCASAAB Members Absent (Excused): Scott Strawn (on leave of absence)

Guest Present: Mary Taylor

Staff Attending: Rhoda Naguit, Jim Vollendroff

The board planning retreat of the King County Alcoholism and Substance Abuse Administrative Board (KCASAAB) was held at the Dutch Shisler Sobering Service Center, 1930 Boren Avenue in Seattle. Chair Linda Brown convened the meeting at 4:35 p.m. The order of the agenda was re-arranged for efficient use of time while waiting for Mary Taylor, King County Drug Court Manager, to do a presentation on Drug Court.

I. REVIEW AND EVALUATION OF AGENCY PRESENTATION

The following are feedback from the board members on agency presentations:

- A face-to-face, personal contact among with agency staff and board members is a valuable experience for both parties
- It sends out a message to agencies that the board is interested on what they are doing.
- It facilitates an open communication between the board and agency staff.
- It is ideal to have the agency presentation at the start of the meeting so the presenters have the choice to either stay for the rest of the meeting or leave after the presentation.
- There is a need to remind the future agency presenters to strictly follow the guidelines set by Jim Vollendroff in doing their presentation. Jim will try to connect with the assigned agencies prior to the board meeting.

Jim acknowledged and thanked board members for their attendance to Adult and Youth Providers meetings and encouraged them to continue their interactions with providers.

<p>This material is available in alternate formats. For more information, please contact Rhoda A. Naguit at 206-296-7623 Voice or 206-296-7596 TTY.</p>
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II. BOARD MEMBERSHIP UPDATE

Kim Murillo appeared before the Law, Justice, and Human Services Committee for her confirmation hearing. The committee confirmed her board appointment, and has forwarded the motion to the full County Council for final action. Likewise, the King County Executive has submitted his recommendation to the County Council for Jim Harbaugh's reappointment and Larry Hill's appointment to the board.

III. CD TREATMENT AND CRIMINAL JUSTICE COLLABORATIONS – DRUG COURT PRESENTATION – *Mary Taylor*

Handouts: "King County Drug Diversion Court" and Charts 1, 2 & 3 containing demographic statistics for defendants opting, choice of drug statistics for defending opting, and residence and mental health history for defending opting in January 2001 through December 2002

Mary Taylor gave a brief overview of the King County Drug Court. Drug Court is a pre-sentencing program that provides eligible defendants the opportunity to choose to go for drug treatment instead of incarceration. Participants to this program are required to attend treatment sessions, undergo random urinalysis, and make a regular appearance before the Drug Court judge. If the participants meet these requirements, they graduate from the program and the charges against them are dismissed. If they fail, they are terminated from the program and sentenced on their original charge. This program has been implemented in King County for the past eight years. King County Drug Court is the twelfth to be implemented in the country and it has served for five years as a national mentor site to more than 400 drug courts nationwide. The program has a strong support from County officials. The eligibility criteria have been expanded in October 2001.

Program statistics between August 1994 and September 2002 show that 5187 defendants have been referred to drug court; 1639 defendants have opted into the drug court program; and 372 of those who opted to enter treatment are currently active in the program, with a total of 531 graduates. The retention rate is 55%, and graduation rate at 42% rate. It was noted that with the increase in graduation rate, the retention rate also increased. The strongest predictor of success is retention in treatment. One other observation is a decrease in referrals in 2001 but an increase in opt-in rate. This is due to cases eligible for reduction to a misdemeanor have been moved to District Court, leaving those facing a longer sentence or felony cases in drug court.

An outcome evaluation done by MM Bell in 1998 reflected a year following Drug Court involvement, 9% of drug court graduates had new felony charges, while 25% of those who declined or failed the program had new felony charges. The University of Washington, Institute of Alcohol and Substance Abuse did a similar study of the program participants in 1999 to 2000. The study reflects a favorable outcome for drug

court graduates. They have fewer re-arrest cases, the lowest post court referral-filing rate and nearly zero rates of imprisonment after drug court referral period. It is also interesting to note that graduates of Drug Court Program show systematic and substantial increases in incomes, compared with those who decline to participate or enter and fail in the program.

The King County has 350 people enrolled in Drug Court. Two hundred of them are active and the rest are dormant.

King County Mental Health, Chemical Abuse and Dependency Services Division has provided funding for housing needs of drug court clients. The State Division of Alcohol and Substance Abuse has provided funding for inpatient treatment and case management.

Mary walked the board through the document showing various statistics for defendants in drug court from January 2002 to December 2002. She noted the following:

- Male defendants – 69%; female – 31%;
- The first drug of choice identified by defendants is cocaine. This is also the drug that defendants are caught in possession or as facilitators.

Mary also stated that King County Drug Court accepts individuals with both chemical dependency and mental health disease unlike other counties.

The Drug Court Program released an RFP for treatment services and contracted with every agency that applied, except for one. Contracted agencies are required to provide progress and compliance reports for each client. Provider agency staff also show support by attending drug court graduation program.

The working relationships between Drug Court and the treatment agencies are getting better. Disagreement between the DC program and treatment agencies sometimes develop over issues of how clients are handled. Agencies sometimes see Drug Court's tolerance of relapse as unacceptable while the DC programs responds to relapse with sanctions but allows the client to remain in Drug Court. These issues have to be resolved on an individual basis. .

There was also a discussion about the differences between drug court clientele in the program in Kent and those in Seattle.. There is more support resources available for clients in the Seattle program.

The board commended Mary Taylor for her outstanding work with drug court.

IV. REVIEW AND DISCUSSION OF THE 2003-05 BIENNIAL PLAN

Jim gave a brief explanation of the process in putting together a plan for submission to the State DASA. He noted that the Chemical Dependency Biennial Plan Update the Division submitted for 2003-05 has less volume and more focused on treatment initiatives

The following are some suggestions brought up during a discussion on the process of developing the next Biennial Plan and Needs Assessment:

- Identify stakeholders e.g. healthcare communities, faith based organization (mostly not certified), minority community and other people outside of the contracted agencies.
- Use Clearinghouse, which is a good source of information.
- Focus on services for the next two years.
- Utilize Board Planning Retreat as part of the process to review the Biennial Plan.
- Address fund allocation in the light of scarcity of funds.
- Use RFP process as a tool to ensure services are being provided.
- Address how to provide continuum of care in the absence of residential facility or housing.

Jim encouraged the board to continue to review the document. Email any feedback or suggested changes to him.

Linda recommended forming a Sub-Committee tasked to present a recommendation on how the next Needs Assessment be structured. This group would also be asked to consider how the Board will approach the WAC responsibility of evaluating the functioning of the CD system. The work group will develop recommendations for both of these responsibilities and report back to the Board. The following Board members volunteered for the sub-committee: Linda Brown, Joan Clement, Nancy Code, Bob Seidensticker, and Jim Harbaugh. Linda Brown will convene the group.

In discussion of an evaluation of the County CD system the Board agreed that a system focus is important and identified the following as important issues to consider in any assessment of the system.

- Evaluate role/function of Assessment Center.
- Assess integration of prevention and treatment services and identify ways integration may be improved. One possibility to consider is moving prevention to MHCADS so prevention and treatment are together.

- Examine the organizational placement of Chemical Dependency Involuntary Treatment and contract monitors for CD funds. The present reporting structure is causing some confusion in treatment community.

V. 2004 Contract Year Request for Proposal

The Division will be issuing RFP/RFQ for the following services for the 2004 contract year:

- Adult Outpatient Services – RFP
- ADATSA Outpatient Services – RFP
- Youth Outpatient Services – RFP
- Detoxification Services – RFQ

All RFPs will be limited to King County providers while RFQ will include providers outside of the County with an agency in the County. The RFQ is designed to gather information on options that may be available.

Jim talked about the timeline for this RFP process and reported that he has met with Karen Spoelman and Jodi Riley-Kauer about the RFP process. The first draft of the RFP will be available internally by May 30th.

Board members will serve as reviewers of RFP proposals. The issue of potential conflicts of interest among reviewers was discussed at length. Conflicts of interest include interaction with an agency, or a special relationship with an agency. Jim encouraged the board as a whole and each member individually to think carefully about potential conflicts of interests. The Board will continue to discuss this question.

Jim also enumerated the benefits of RFP/RFQ as reflected in the handout.

The board reviewed and discussed the following issues regarding larger policy issues to be taken into consideration in the development of the RFP/RFQ:

- Assure geographic distribution of services: The board supports developing the RFPs to encourage a balanced geographical distribution of services with attention to services in the southern and eastern parts of the County. One concern is the question of how to provide services if there is no qualified agency in an area. One possible approach might be for branch services in underserved areas. The Board also recognizes the importance of locally based services.
- Specify required priority populations: The Division will be looking for proposals that address minority populations and how their unique needs will be addressed.
- Address culturally competent services:

- Introduction of best practices/promising approaches: The RFP should ask agencies to address best practices. Best Practice proposals must be supported with research and in-house experience. The RFPs should also encourage proposals based on promising ideas.
- Incorporating ASAM criteria in to client placement is important. The Division may provide technical assistance to agencies, particularly the small ones or new applicants with limited knowledge on how to submit an RFP.
- Simplification of the system when possible should be supported by the RFP process:
- Increased expectation of agency infrastructure: Agencies responding to the RFP will be expected to show that they have administrative structure and capacity to comply with the State and County reporting and billing procedure requirements... Small agencies that may find these requirements difficult may consider sub-contracting the administrative aspect of their operation with another agency. This would free them from tasks of billing and reporting of services, and would enable them to focus on delivery of treatment services.
- The RFP should address age appropriate care and should ask agencies to Identify ancillary services that will be provided.
- Maximize Title XIX reimbursement:
- Collaboration with the Adult/Juvenile Criminal Justice system should be one component of the RFP.

On the issue of quality improvement, agencies should be asked to address the Quality Improvement program in place at their agency.

The question of addressing the issue of increased client accessibility to services, including weekend/evening programs in the RFP process was discussed. While providing evening and weekend services is an important component of care, concerns were raised about the ability of small agencies to expand services because of the cost involved in paying overtime to employees and the issue of shortage of staff due to low pay. The Board agreed that this question needs further discussion.

There is some concern among CD providers that the RFP process may be used to favor contracts with dually certified agencies. Discussion focused on the need for a range of services including programs for clients with co-occurring disorders. While dual certification is important for co-occurring disorder programs, it should not be a factor in the evaluation of other proposals.

Jim will email a draft RFP to the board members as soon as it is available.

VI. REVIEW AND DISCUSSION OF DRAFT BOARD HANDBOOK

Roger Goodman inquired what it takes to change our board name from King County Alcoholism and Substance Abuse Administrative Board to King County Chemical

Dependency Administrative Board. Jim will inquire from the State. In addition, Roger asked that in addition to spelling out the acronyms, to provide definition or information about each acronym. Linda will work with Rhoda to include this in the handbook.

VII. METHADONE UPDATE


A compromise has been reached on the issue of implementing the methadone program in jail. Individuals will be started on methadone while in jail as opposed to waiting until release. This was done for several reasons and, while it was not the approach preferred by the Division and the Board, selection criteria for individuals who will be started in jail and for follow-up community treatment are being developed jointly by the Division and jail health staff. Physicians and nurses' time will go to jail and the treatment voucher funding will go to Public Health. Roger questioned the sustainability of this treatment program. Jim responded that this is the reason he was opposed to beginning methadone dosing in jail because when funding runs out, we would need to find revenue sources to continue this service.

There being no further business, the meeting was adjourned at 8:15 p.m.

Prepared by:

Rhoda A. Naguit
Recording Secretary

Attested by:


Linda Brown
Board Chair